

## AMENDED

UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT  
**NOTICE OF APPEAL NOTIFICATION FORM**

Please Fill Out Completely

**CASE INFORMATION:**

Short Case Title: \_\_\_\_\_  
 Court of Appeals No. (leave blank if unassigned) \_\_\_\_\_  
 U.S. District Court, Division & Judge Name \_\_\_\_\_  
 Criminal and/or Civil Case No. \_\_\_\_\_  
 Date Complaint/Indictment/Petition Filed: \_\_\_\_\_  
 Date Appealed order/judgment *entered*: \_\_\_\_\_  
 Date NOA *filed*: \_\_\_\_\_  
 Date(s) of Indictment \_\_\_\_\_ Plea Hearing \_\_\_\_\_ Sentencing \_\_\_\_\_

COA Status (check one): ☐ granted in full (attach order) ☐ denied in full (send record)  
☐ granted in part (attach order) ☐ pending

Court Reporter(s) Name &amp; Phone Number \_\_\_\_\_

***Magistrate Judge's Order? If so, please attach.***

**FEE INFORMATION**

Date Docket Fee Paid: \_\_\_\_\_ Date Docket Fee Billed: \_\_\_\_\_  
 Date FP granted: \_\_\_\_\_ Date FP denied: \_\_\_\_\_  
 Is FP pending? ☐ yes ☐ no Was FP limited ☐? Revoked ☐?  
 US Government Appeal? ☐ yes ☐ no  
 Companion Cases? Please list: \_\_\_\_\_

***Please attach copy of any order granting, denying or revoking FP.***

**COUNSEL INFORMATION (please include email address)**

Appellate Counsel: \_\_\_\_\_ Appellee Counsel: \_\_\_\_\_

☐ retained ☐ CJA ☐ FPD ☐ Pro Se ☐ Other \_\_\_\_\_ ***Please attach appointment order.***

**DEFENDANT INFORMATION**

Prisoner ID \_\_\_\_\_ Address: \_\_\_\_\_  
 Custody \_\_\_\_\_  
 Bail \_\_\_\_\_

**AMENDED NOTIFICATION INFORMATION**

Date Fees Paid \_\_\_\_\_ 9th Circuit Docket Number \_\_\_\_\_

Name &amp; Phone Number of Person Completing this Form: \_\_\_\_\_